PART B -FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name) (Signature)		
APPLICATION NO. FILING DATE FIRST NAMED I			ED INVENT	∩R	ATTORNEY DOCKET NO	O. CONFIRMATION NO.
10/655,440 09/04/2003			Markworth	<u> </u>	SPINE 3.0-395 CONT	6452
TITLE OF INVENTION: SYSTEM FOR USE IN SPINAL STABILIZATION						
APPLN. TYPE SMALL ENTITY	ISSUE F	ISSUE FEE		TION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional no	\$1,510.0	\$1,510.00		0.00	\$1,810.00	07/13/2010
EXAMINER	ART UN	IIT	CLASS-SUBCLASS			
M. C. Hoffman 1. Change of correspondence address or indicati Address" (37 CFR 1.363). Change of correspondence address (correspondence Address form PTO/SB/ "Fee Address" indication (or "Fee Address" provided form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/SB/47; Rev 03-02 or more recorded to the Correspondence Address form PTO/	or Change of a 122) attached. (ass" Indication cent) attached. I.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. TED ON THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Stryker Spine France Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
X Issue Fee X Publication Fee (No small entity discound Advance Order -# of Copies	· · · · L	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095				
5. Change in Entity Status (from status indicate	ed above)					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
he Director of the USPTO is requested to apply the OTE: The Issue Fee and Publication Fee (if require terest as shown by the records of the United States	ed) will not be acce	epted from a				
Authorized Signature	gnature/Kevin M. Kocun/				Date	July 7, 2010
Typed or printed name Kevin M. Kocun				Registration No.	54,230	